EVALUATION REPORT INDIVIDUAL INPUT

1. Administrative data: Full Name: First Last Middle USN___USNR__ SSN: Rate: Ending Date of Last Report: Date Reported Onboard: Effective date of current pay grade (date officially advanced, not time-inrate date). Indicate if frocked or a selectee to next higher rate: 2. Duties assigned and number of months assigned during this report period. List by duty title: Primary duties: Watchstanding duties:____ Collateral duties: TEMADD/TEMDU (where, when, and why): Significant periods not available for duty, if any (if this is first report at NAVSUPPACT Naples, include any delay or TEMADD/TEMDU/TRANSIT/LEAVE, where when and why, do not include brief illness): 3. Job information: (principal activities and responsibilities). Include equipment operated or qualified to operate, and "customers" served, if (use a continuation sheet if needed) Individual accomplishments, including experience gained and contributions to team achievements (try to use most or all of the following for input: what did you accomplish; how did you accomplish it; when you did accomplishment it; how long did it take; how much or how many; the results). (use a continuation sheet if needed)

(turn sheet over for more information)

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Dasc	First	Middle
	USN	USNR
		e of Last Report:
Effective date of cu	rrent pay grade (date offi e if frocked or a selectee	cially advanced, not time-into next higher rate:
2. Duties assigned List by duty title:	and number of months assig	ned during this report peri
Primary duties:_		
Watchstanding du	ties:	
Collateral dutie	25:	
TEMADD/TEMDU (wh	nere, when, and why):	
Significant periods	not available for duty, is	any (if this is first repo)/TEMDU/TRANSIT/LEAVE, where
and why, do not incl	lude brief illness):	
and why, do not incl 3. Job information: equipment operated of	Lude brief illness):	nd responsibilities). Inclu
3. Job information: equipment operated capplicable.	ude brief illness): (principal activities are qualified to operate, are	nd responsibilities). Inclu
3. Job information: equipment operated capplicable. (use a continuation Individual accomplisteam achievements (tidd you accomplish;	s (principal activities are qualified to operate, are sheet if needed) shments, including experientry to use most or all of the state of the sheet o	nd responsibilities). Included "customers" served, if nce gained and contributions the following for input: when you did accomplishmen
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